

**Family Home Child Care
Request to Change Capacity**

(To be completed by provider and submitted to licensor)

Provider's Name (Please print)	Provider ID #	Expiration Date
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In accordance with the Child Care Business Regulation for Family Child Care Homes WAC 170-296-1350, I request capacity change in the number of children that I am licensed for.

Current Licensed Capacity	Age Range	Number Under Two Years of Age	Requested Capacity	Age Range	Number Under Two Years of Age
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Complete the following information:

- Indoor Play Space:** I have _____ square feet (sq. ft.) of useable play space for children in my home (this does not include hallways, bathrooms, or closets). I understand that a minimum of 35 sq. ft. per child is required by WAC 170-296-1210.
- Outdoor Play Space:** I have _____ sq. ft. of fenced useable outdoor play space at my home. I understand that a minimum of 75 sq. ft. per child is required by WAC 170-296-1230.
- Equipment:** I have a sufficient quantity and variety of appropriate indoor/outdoor play equipment for _____ children required by WAC 170-296-1240 and 170-296-1370. **(Attach a sample list of your learning and play materials to this request.)**
- Nap Equipment:** I have (write how many) _____ mats, _____ cots, _____ cribs and/or _____ playpens for napping children by WAC 170-296-1040.

Provider Information:

Years of Licensed Experience	First Aid Expiration Date	CPR Expiration Date	HIV/AIDS Training Date	Total Hours of ECE Training	STARS Basic 20 Hrs – Years Taken
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List your Qualified Assistants:

Name	Resume	TB Test Result	CPR Expiration Date	FIRST AID Expiration Date	HIV/AIDS Training	20 Hour STARS Training	Criminal History Submitted
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

ATTACH copies of documentation for your DEL file of Early Childhood Educations classes taken by you and your primary staff and/or assistants. Include documentation of STARS training completed. (See WAC 170-296-1410 and 170-296-0020)

I use (check all that applies): ☐ City water; ☐ City sewer; ☐ Private water system; and/or ☐ Private sewage system.
(*Septic System Capacity: Facts about your septic system – consult your local health department to ensure your septic system is approved for the additional use you propose. WAC 170-296(2)(d) and 170-296-1150*)

I declare this information is true and accurate to the best of my knowledge and I understand that my licensor may make a site visit to verify the information.

Provider Signature

Date

Information below to be completed by DEL licensor.

Licensing Safety Assessment (For example: What rooms will be used for licensed care? Can the environment accommodate this request? Are there sufficient supplies?)

Complaint History

Is there a history of valid complaints? ☐ Yes ☐ No If yes, explain:

Site Visit Date

DEL Action

☐ Approved ☐ Not approved

Licensor: Document decision in Provider Notes (PR)

If Denied, an explanation is required below:

Licensor Signature

Date

Supervisor Signature

Date

WAC Reference: 170-296-1350

Staff and Experience	Age Range of Children (in Years)	Highest Number of Children Under Two Years of Age	Highest Number of Children Allowed on the Premises
Licensee	Birth – 11	2	6
Licensee with one year experience	2 – 11	None	8
License with one year experience	5 – 11	None	10
Licensee with one year of experience + staff person or volunteer	Birth – 11	4	9
Licensee with two years experience + one three-credit Early Childhood Education (ECE) class or 30 clock hours of ECE training	3 – 11	None	10
Licensee with two years experience + one three-credit ECE class or 30 clock hours of ECE training + staff person or volunteer	Birth – 11	4	12